

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No.

99872

Office of Registrar of Vital Statistics.

Ward

18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18 1887

Full Name of Deceased, Samuel Hard

Sex, Male or Female, Male

Age, 41 Years, 6 Months, Days.

Color, white

Married, Single, Widow or Widower, Single

Occupation, Printer

Birth Place, Howard Co. Md

Duration of Residence in the City of Baltimore, 22 years

Place of Death, 785 W Pratt St. 2nd door from Scott.

Cause of Death, Phthisis
Exhaustion

Duration of Last Sickness, 5 mos

All the above information should be furnished by the Physician.

Place of Burial, London Park cemetery

Date of Burial, May 19 1887

Undertaker, Jos B. Cook

M. Warfield M. D.
Medical Attendant.

Place of Business, 1003 N Baltimore St Address, Balto. Genl. Dep.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department of Baltimore.

Permit No. 99873 Office of Registrar of Vital Statistics.

Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1887

Full Name of Deceased, John W. Courtney
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 70 Years, 28 Months, 28 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Baltinger

Birth Place, { State or country, and how long in the United States, if of foreign birth. } All his life

Duration of Residence in the City of Baltimore, 836 Warner St

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Second (Immediate), } Marasmus

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 19th 1887

Undertaker, Wm. J. Tiekner & Sons

Place of Business, 221 S. Eutaw St Address, 578 Hammond St

George C. Brown M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

9987

Office of Registrar of Vital Statistics.

Ward

16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1887

Full Name of Deceased, David Forteous

Sex, Male or Female, Male

Age, 76 Years, 1 Months, Days.

Color, White

Married, Single, Widower or Widow, Single

Occupation, Blacksmith

Birth Place, Scotland

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, No 310 W. Hanover

Cause of Death, Apoplexy

Duration of Last Sickness, Sudden

Place of Burial, Baltimore Cemetery

Date of Burial, May 20/87

Undertaker, W. J. Tickner + Sons

Place of Business, 221 S. Eutan

Address, 511 Hanover

Medical Attendant, J. C. Bunch M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 19875 Office of Registrar of Vital Statistics. Ward 10²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, May 17 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alfred G. G. Francke

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 6 Months, 17 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bath

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give Street and Number. } 404 Lexington St

Cause of Death, { First (Primary), Second (Immediate), } Meningitis Tubercular,

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Lauder Park C

Date of Burial, May 19 1887

Undertaker, Geo Lembach Thosand Cooke M. D. Medical Attendant.

Place of Business, 647 W Pratt St Address, 578 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

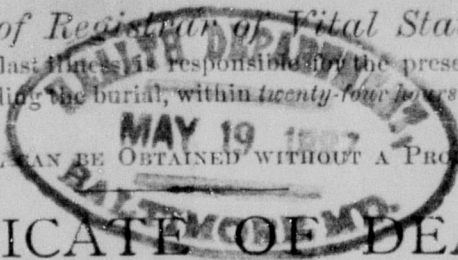
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 99876 Office of Registrar of Vital Statistics. Ward 5th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

a

Date of Death, May 17, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Jones

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 38 Years, _____ Months, _____ Days,

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and Number. } East St Court

Cause of Death, { First, (Primary,) Phthisis }
 { Second, (Immediate,) Asthma }

Duration of Last Sickness, ? (Dispensary Patient)

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 19 '87 W. H. B. Tuttle M. D.,

{ Undertaker, W. H. Bungee } Medical Attendant.

{ Place of Business, East St } Address, 859 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 99877 Office of Registry of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1887
Full Name of Deceased, John Edward Myers
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }
Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
Age, 27 Years, _____ Months, _____ Days.
Color, Black
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, Labour in Wilson's brick-yard
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City
Duration of Residence in the City of Baltimore, During life
Place of Death, { Give Street and Number. } Stockholm St # 805
Cause of Death, { First (Primary), Second (Immediate), } Congestion of the brain
Coma
Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem
Date of Burial, May 18th 87
{ Undertaker, Sorrell & Hardy } L. G. Sparrow M. D.
Place of Business, 14 16 Cross St Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99878 Office of Registrar of Vital Statistics.

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Steuger

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 10 Years, 5 Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 1715 Ches. St. (E)

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Meningitis - Second (Immediate), }

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 19 1887

Undertaker, J. P. Thompson M. D. Medical Attendant.

Place of Business, 10915 N. Gay St. Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT, BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No. 99879 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17 1887
Full Name of Deceased, Mathew Sutton
Sex, Male
Age, 32 Years, Months, ✓ Days
Color, White
Married, Single, Widow or Widower, Married
Occupation, Fireman on Tug Boat
Birth Place, Balt. City
Duration of Residence in the City of Baltimore, Life time
Place of Death, 288 Alice Anna
Cause of Death, Bright's Disease
Duration of Last Sickness, Since December

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem
Date of Burial, May 20/87
Undertaker, Michael Fank
Place of Business, 1803 Bank St Address, 1701 E Baltimore St.
James E Dwinelle M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99881 Office of Registrar of Vital Statistics.

Ward 19th

The Physician who attended any person in a last illness, is responsible for the representation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A REGULAR CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17 - 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rachael L. Lindsay

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, 4 Months, 8 Days.

Color, Colored.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single ✓

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Kent Co., Md -

Duration of Residence in the City of Baltimore, 3 mos -

Place of Death, { Give Street and Number. } 618 Stockton al -

Cause of Death, { First (Primary), Second (Immediate), } Burn from Explosion of coal oil lamp -
3 tetanus

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Chester Town

Date of Burial, May 19th 1887

Undertaker, William Dungey John S. King M. D. Medical Attendant.

Place of Business, 150 East St Address, 640 N. Carrollton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4680 The family desire to remove the remains to Kent Co. Md for burial -